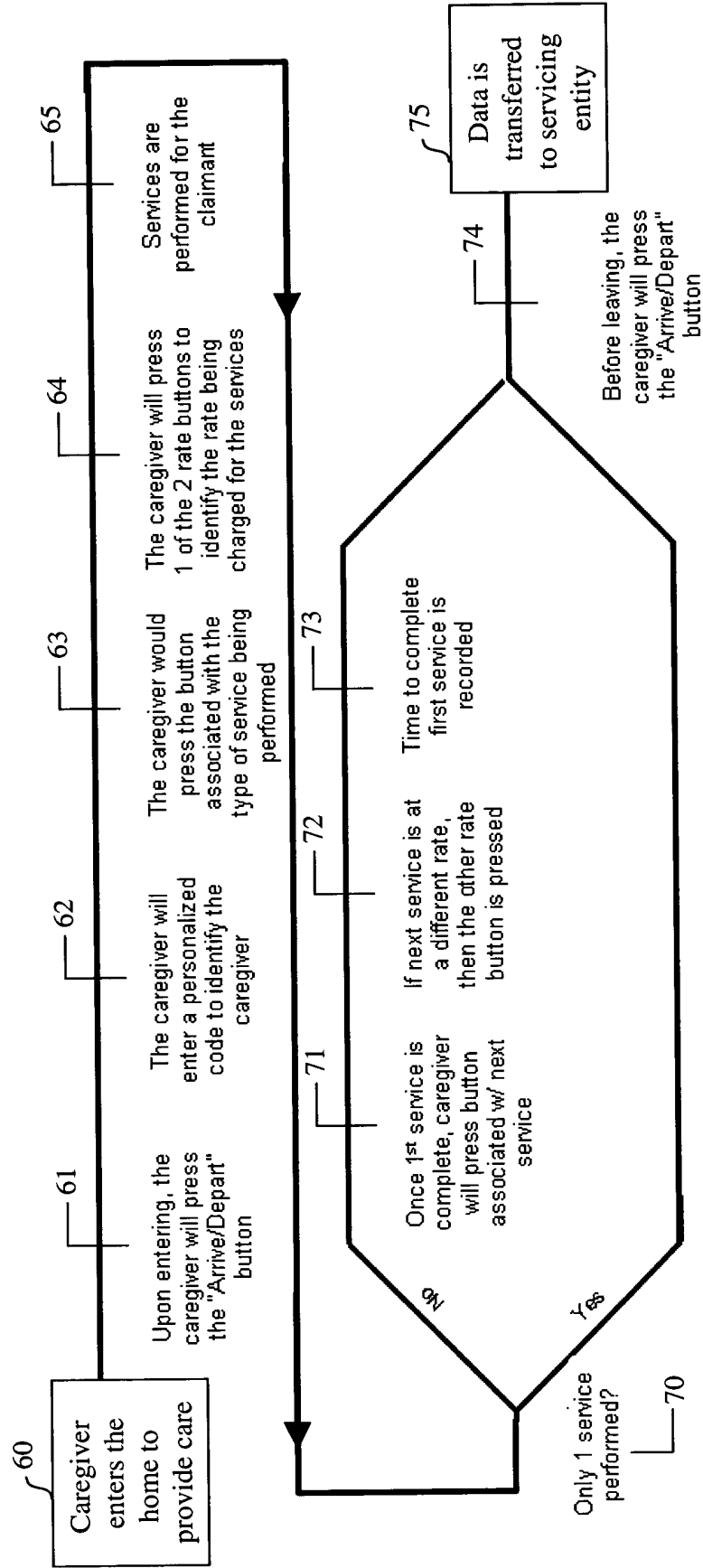
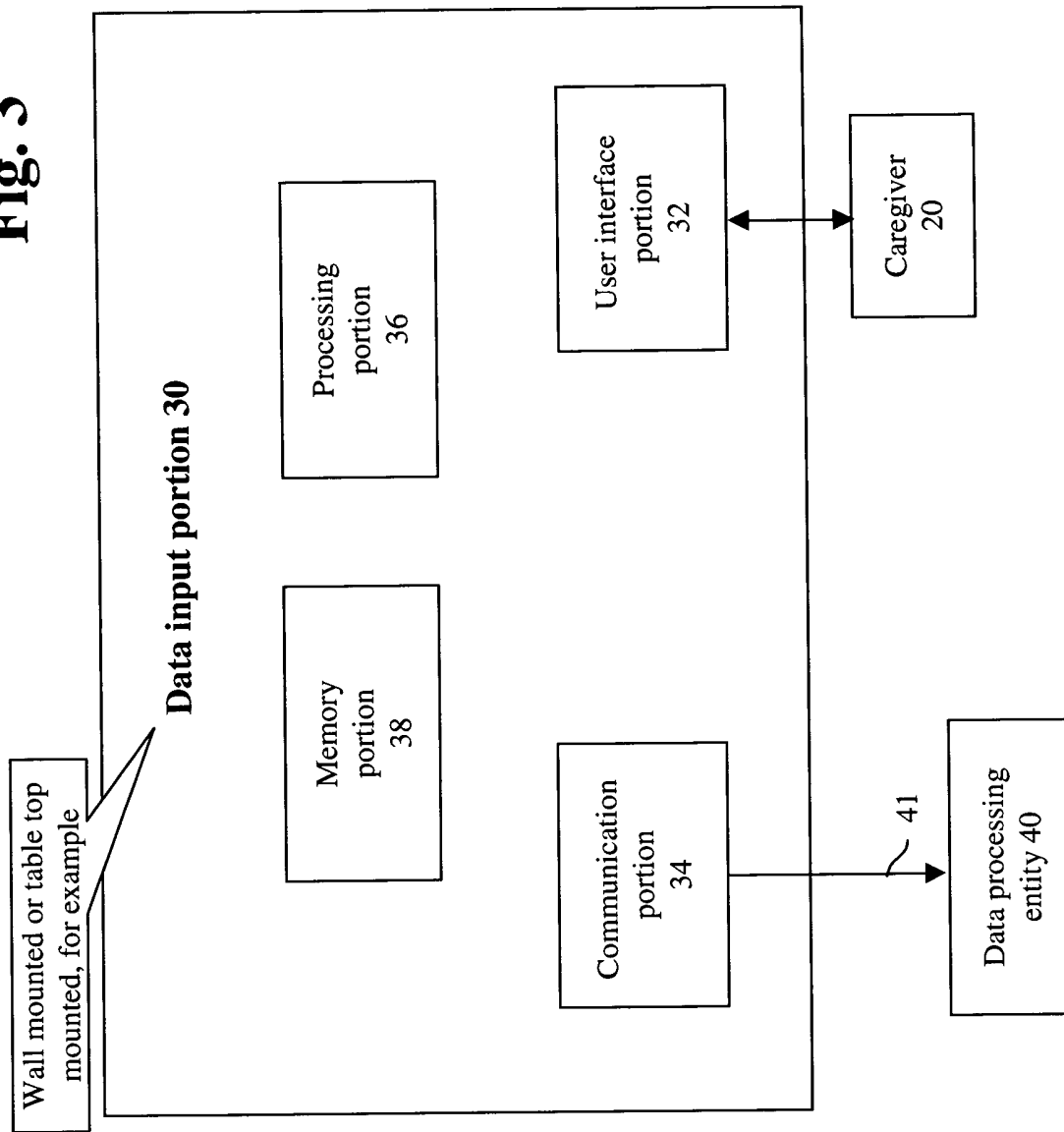


**Fig. 1**

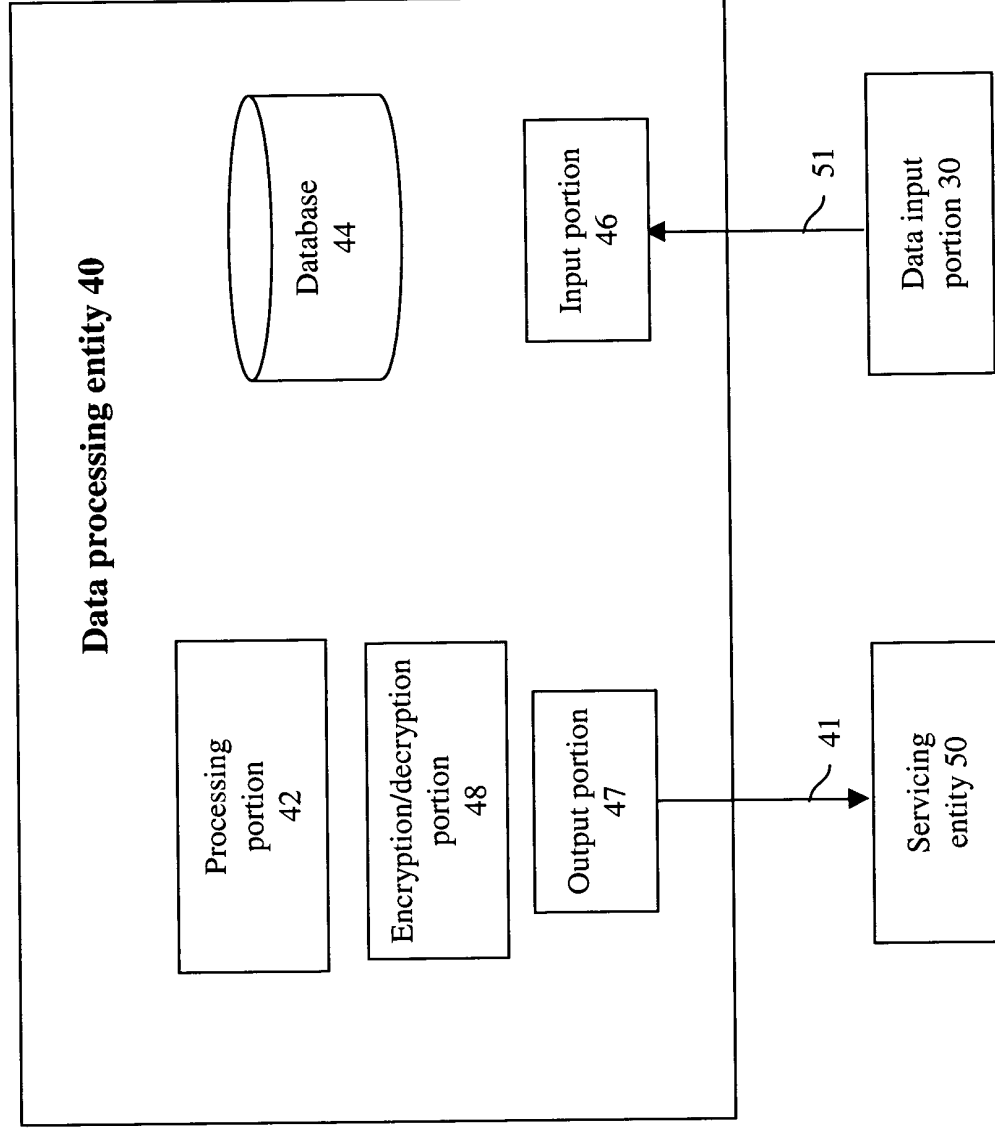
**Fig. 2**



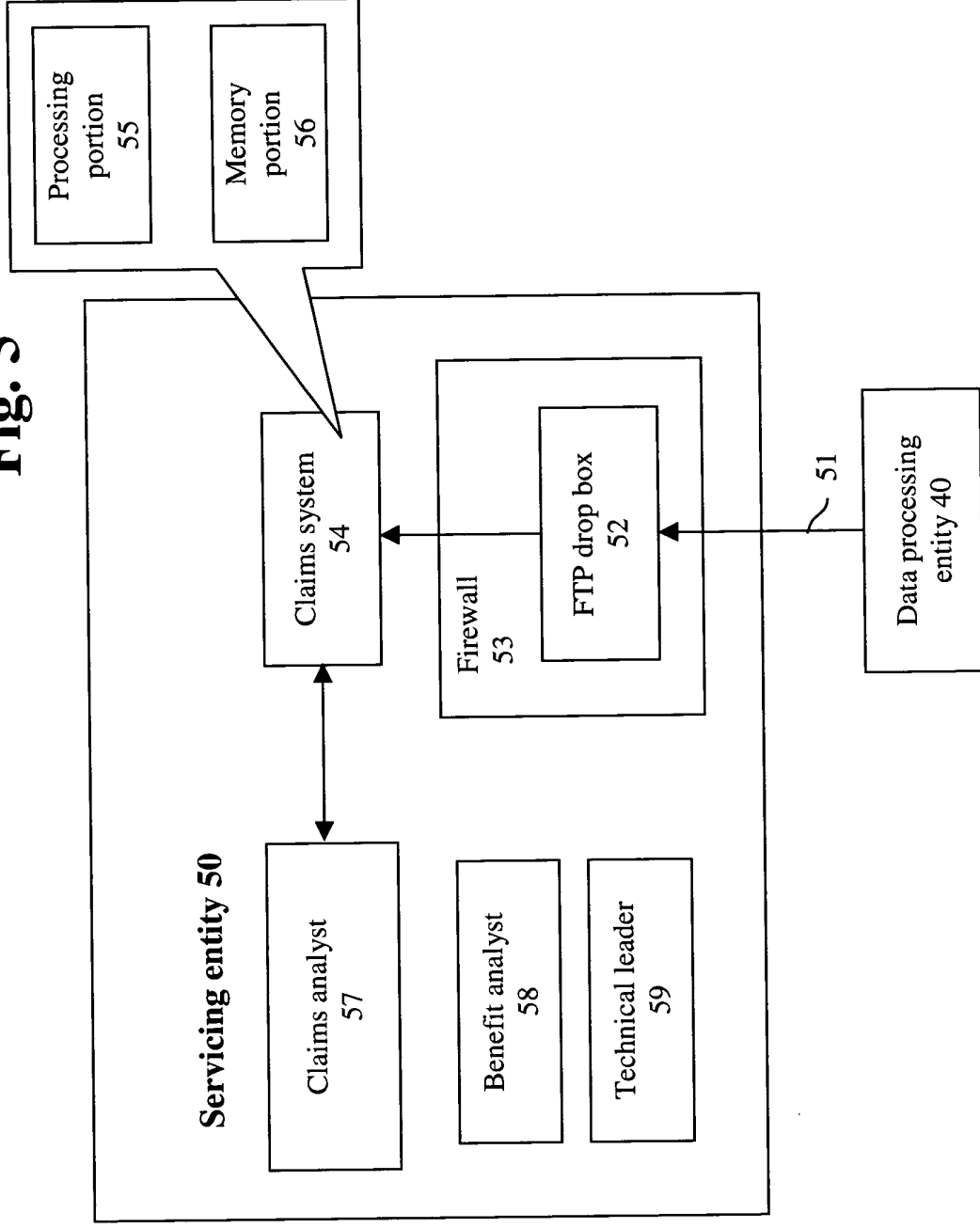
**Fig. 3**

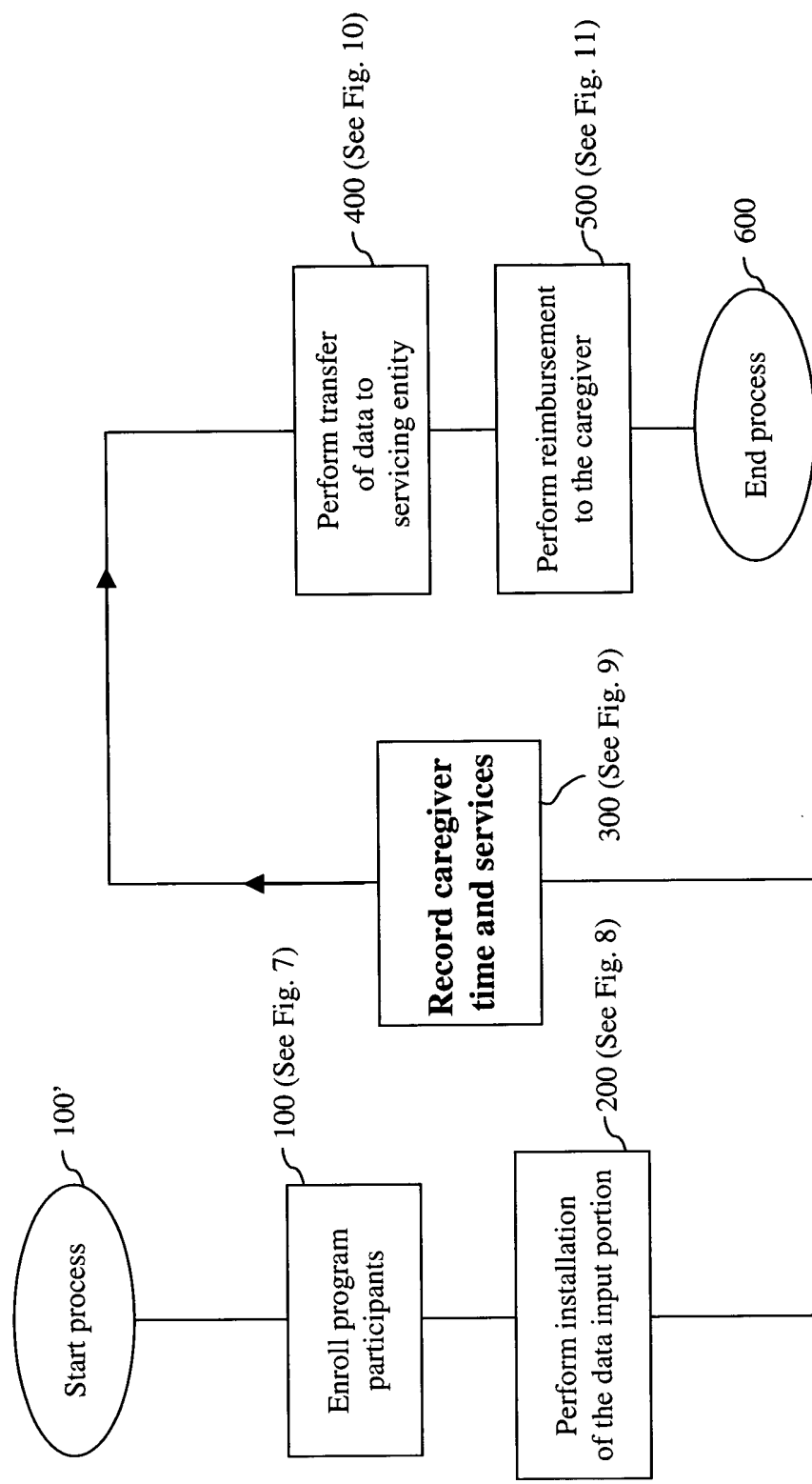


**Fig. 4**

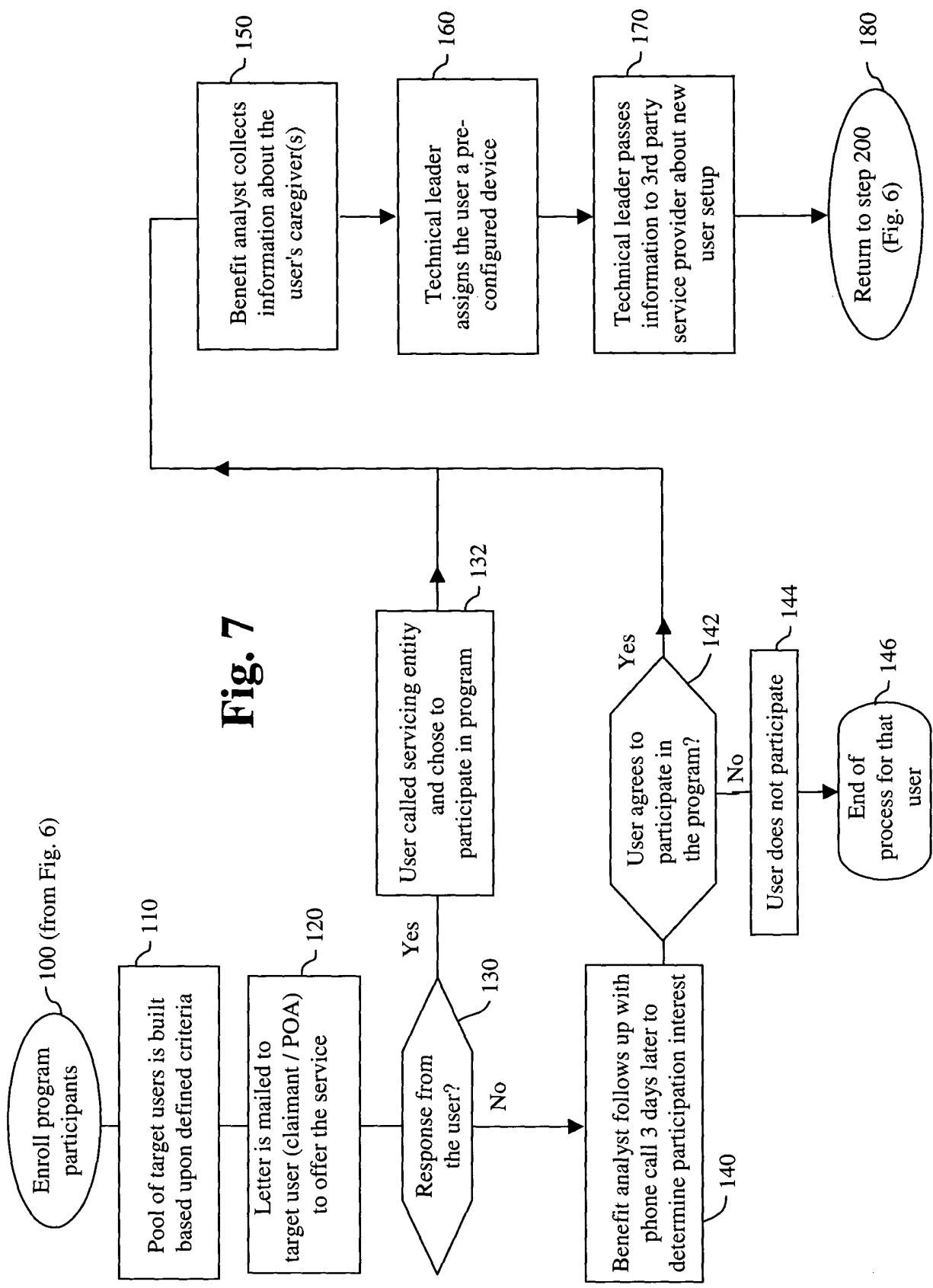


**Fig. 5**



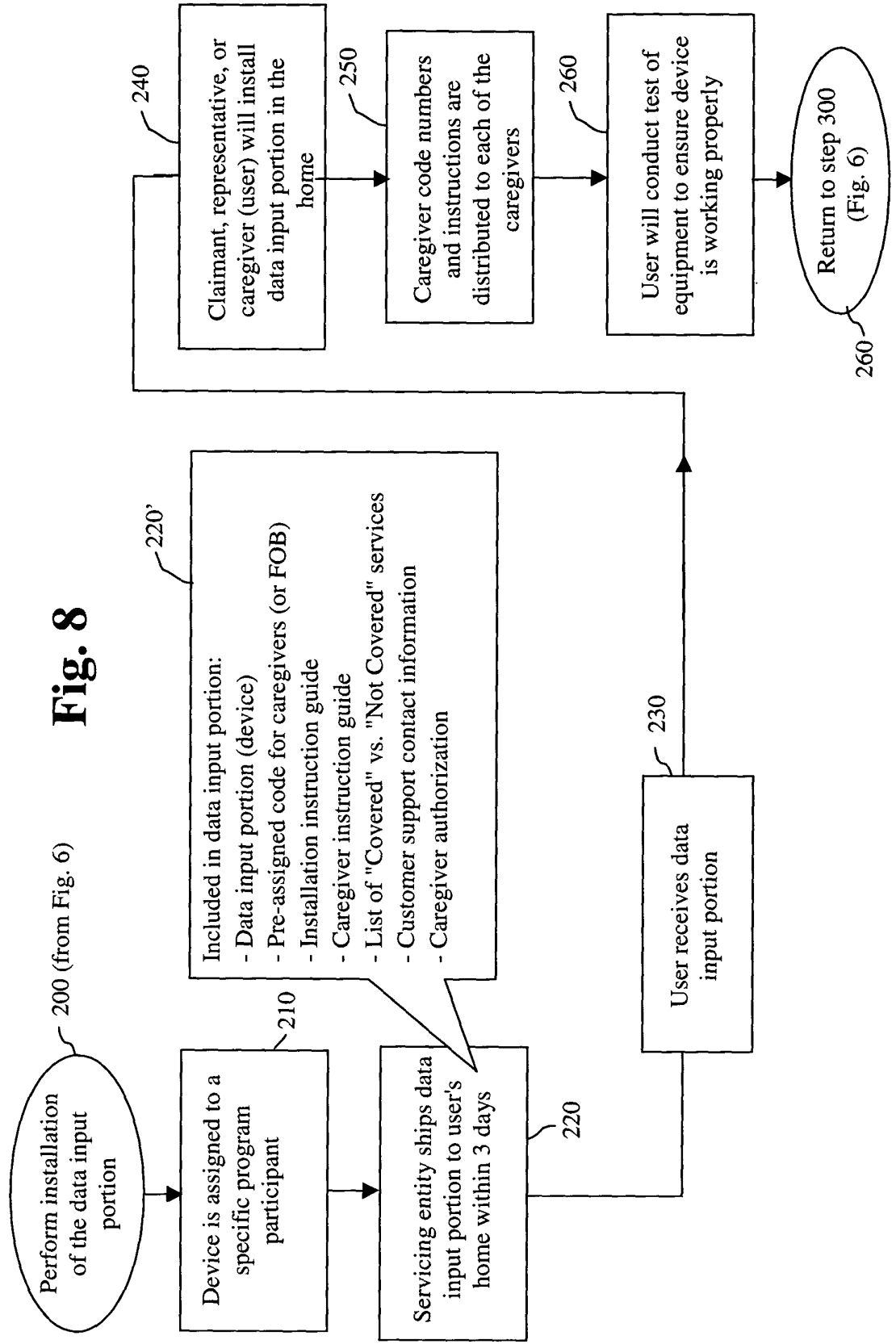


**Fig. 6**

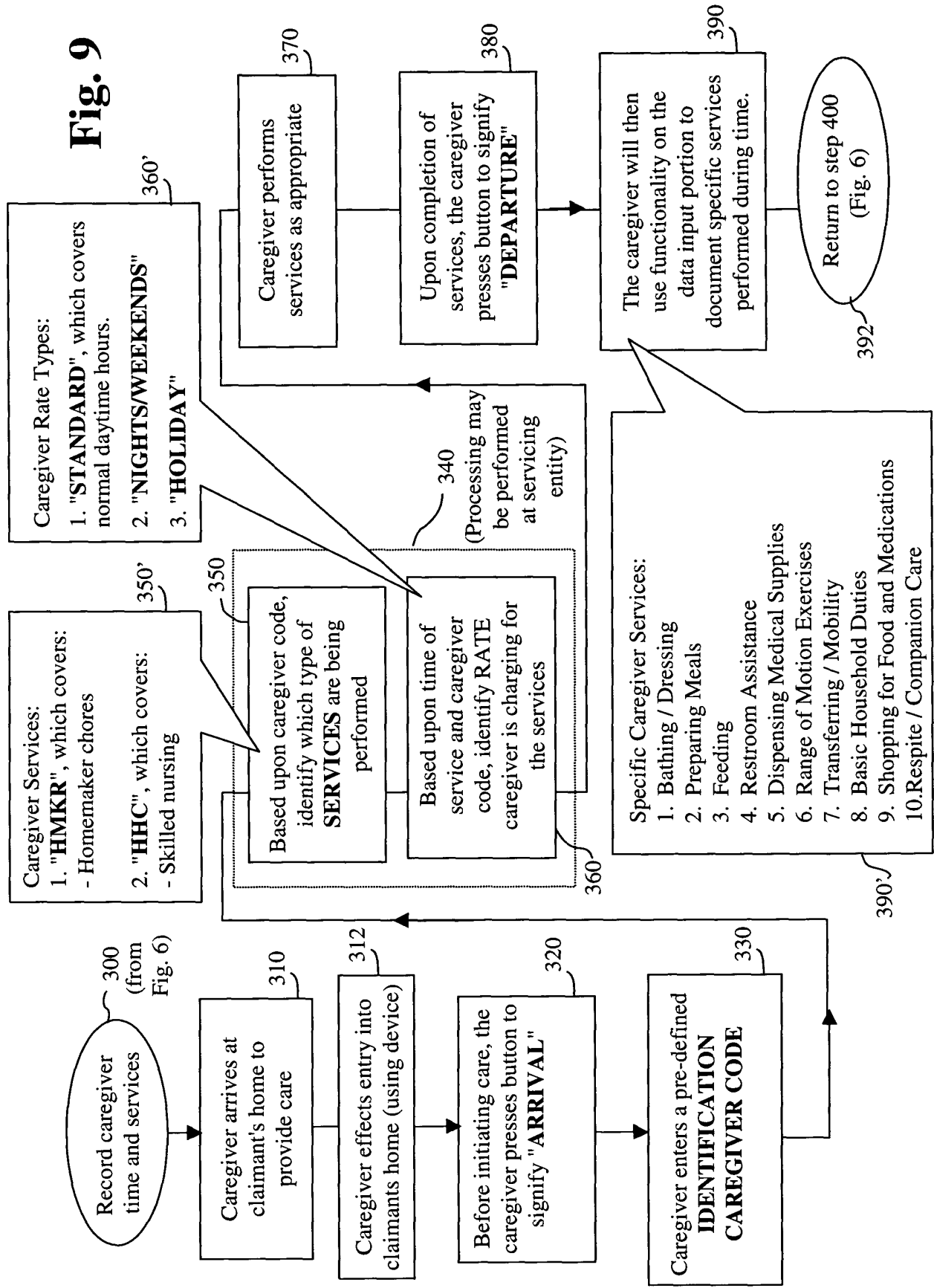


**Fig. 7**

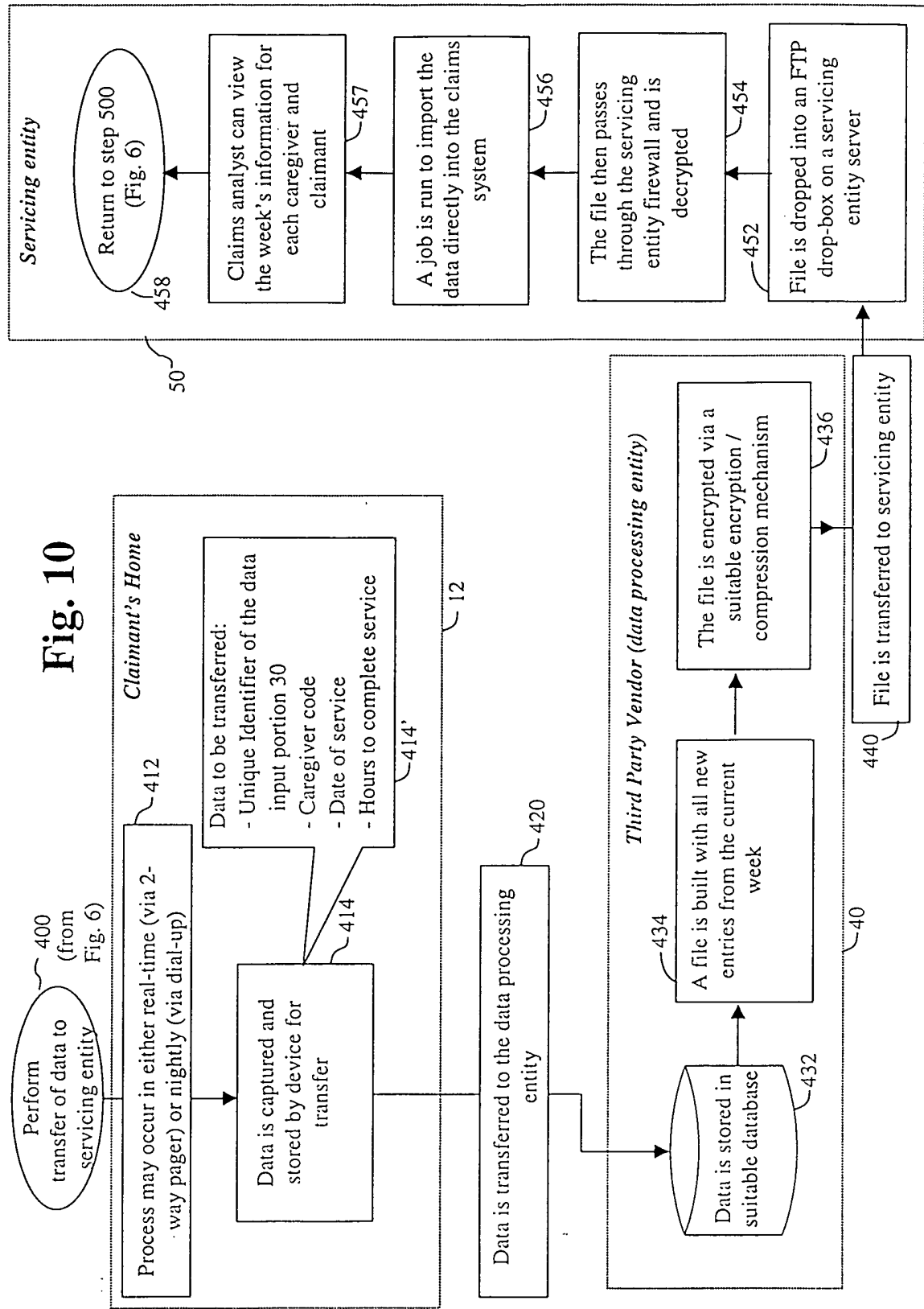
# Fig. 8

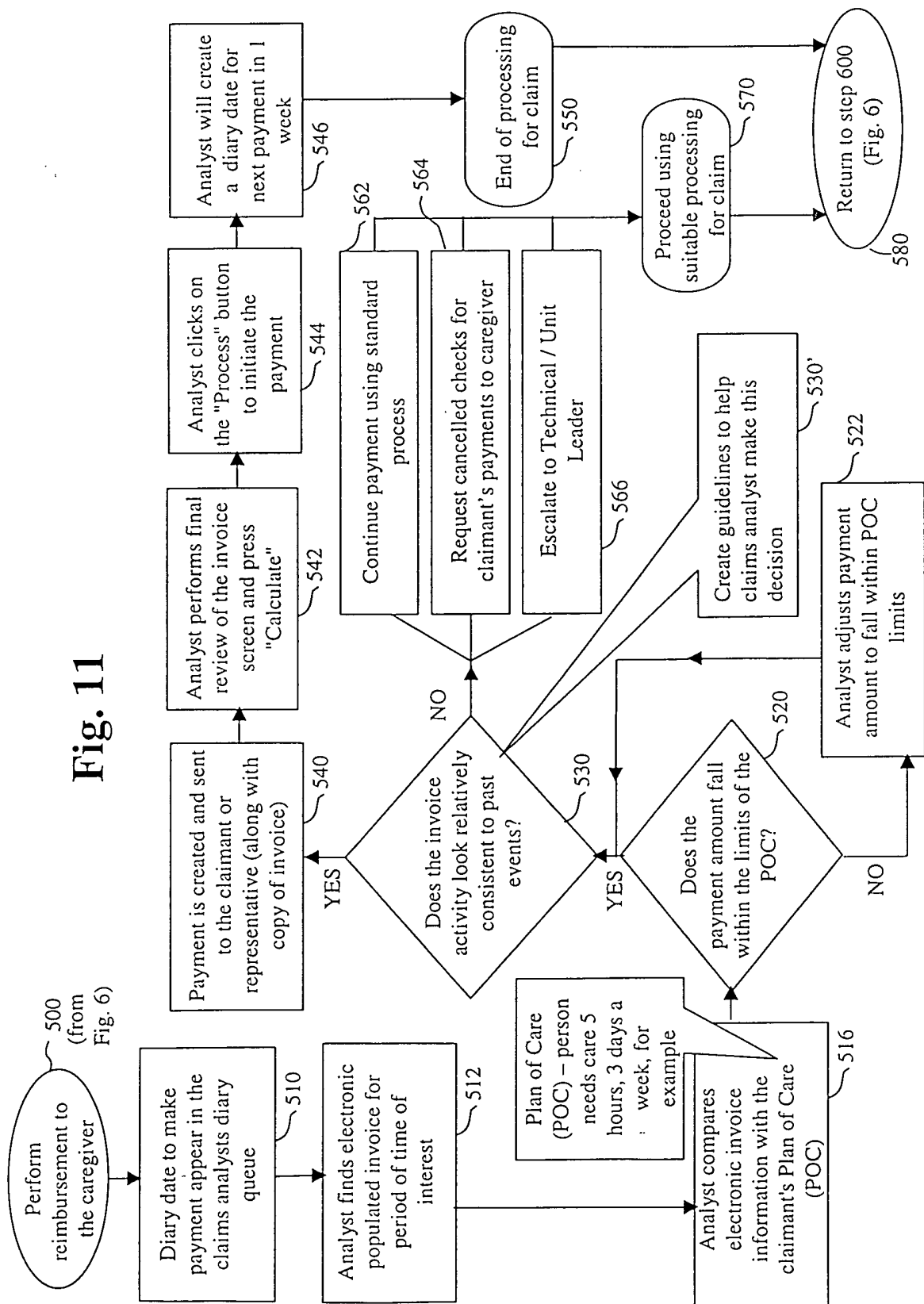






**Fig. 10**





# Fig. 12

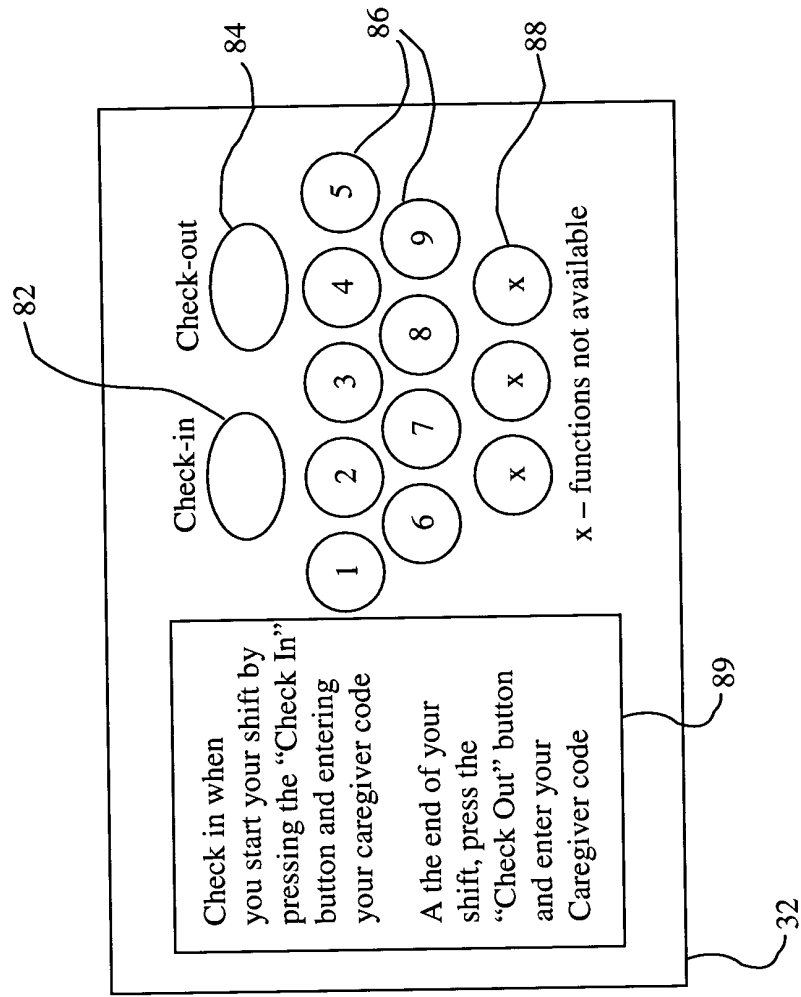


Fig. 13

**QGE FINANCIAL ASSURANCE INVOICE FOR INDEPENDENT CARE PROVIDERS**

Insured's Name:	Claim:	From: LTC Claims, General Electric Capital Assurance
Dates of Service From:		Dates of Service To:

Care Provider's Name:	Telephone No.:
Address:	

<Month>	Hours Worked	Rate Per Hour	Daily Payment Total	Type of Services
<u>Date Of Month:</u>				
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				
4 <sup>th</sup>				
5 <sup>th</sup>				
6 <sup>th</sup>				
7 <sup>th</sup>				
8 <sup>th</sup>				
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21 <sup>st</sup>				
22 <sup>nd</sup>				
23 <sup>rd</sup>				
24 <sup>th</sup>				
25 <sup>th</sup>				
26 <sup>th</sup>				
27 <sup>th</sup>				
28 <sup>th</sup>				
29 <sup>th</sup>				
30 <sup>th</sup>				
31 <sup>st</sup>				

# Fig. 14

XML Schema for transaction from data processing entity  
to servicing entity

<Transaction>	Field Definition
<Type>	
<Control-Num>	Unique Identifier populated by MicroStrategy that identifies the transaction feed (Can be NULL)
<Purpose-Code>	Identifies the Transaction Type. Current values are: 00 = Original Send, 01 = Re-send:no receipt, 02 = Re send:data error
<Service-Period>	Dates of Service for the week for the Transaction
<Insureds>	
<Insured>	
<Insured-ID>	Unique Identifier for each Insured Client
<Claim-Num>	Unique Identifier for each Claim
<Providers>	
<Provider>	
<Name>	"INTERLOGIX"
<Provider-ID>	Unique Identifier of a Provider
<Contact>	
<Contact-Code>	Unique Identifier for each Care Provider. Can be the same as the code entered on the device when beginning services.
<Type>	Identifies the Provider Type. Current values are: P = Private Care Provider, A = Agency
<Name>	Name of Private Care Provider or Name of Agency
<Phone-Num>	Primary Phone Number of the Provider contact
<Address>	Street Address of the Provider contact
<City>	Address City of the Provider contact
<State-Code>	Address State of the Provider contact
<Zip-Code>	Address Zip Code of the Provider contact
</Contact>	
<Services>	
<Service>	
<Billed-Amt>	Total Billed Amount for Service Record (Format is Currency) <Billed-Amt>=<Quantity>*<Rate>
<Units>	Identifies the Units with which the Provider is billing. Current values are: H = Hourly
<Quantity>	Total Number of Units billed for service
<Rate>	Cost Rate for providing service for each Unit (Format is Currency)
<Service-Date>	
<Service-Begin-Time>	Time the Service begins (Format is "HH:MM")
<Service-End-Time>	Time the Service ends (Format is "HH:MM")
<Service-Code>	Identifies the type of Service being performed by the Provider. Current values are: HHC = Home Care HMKR = Homemaker/Chore Services
</Service>	
</Services>	
</Provider>	
</Providers>	
</Insured>	
</Insureds>	
</Transaction>	